

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002461



1. Entity Name
LAS BOVEDAS, S.A., INC.

Principal Place of Business
PH PLAZA 2000 BLDG, CALLE 50 & CALLE
URB. MARBELLA
PANAMA 5, REP. OF PANAMA

Mailing Address
C/O CASTANEDA & ASSOC
328 CRANDON BLVD, STE 221-B
KEY BISCAVNE FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number
52-2025789

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMKE REGISTERED AGENTS, L.L.C.
ONE SE THIRD AVE, STE 2250
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME SAURI, ADOLFO
STREET ADDRESS ARIAS FABREGA & FABREGA, EDIFICIO PH
CITY-ST-ZIP PANAMA, REP OF PANAMA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000277191
03/26/05-80020-002 150.00

TITLE DS ☐ Delete
NAME GORDILLO, LUIS A
STREET ADDRESS ARIAS FABREGA & FABREGA, EDIFICIO PH
CITY-ST-ZIP PANAMA, REP OF PANAMA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME RODRIGUEZ, LUIS A
STREET ADDRESS ARIAS FABREGA & FABREGA, EDIFICIO PH
CITY-ST-ZIP PANAMA, REP OF PANAMA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* ADOLFO SAURI - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CSauri Feb. 28, 2005
Date Daytime Phone #